

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 1735

263-022804
STATE FILE NUMBER

DO NOT WRITE
ON THIS STUD

AMENDED

FILED JUN 14 1963

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Francois</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Normandy 21.</u>		c. CITY OR TOWN <u>Bonne Terre.</u>	
Length of stay in: b <u>3 mos 25 days</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>5303 Bermuda Dr. The Charles The 1st Nursing Home</u>		d. STREET ADDRESS (If outside, give location). <u>303 West Johnson St.</u>	
3. NAME OF DECEASED (Type or print) First <u>Jessie</u> Middle <u>Mary</u> Last <u>Turley</u>		4. DATE OF DEATH Month <u>May</u> Day <u>28</u> Year <u>1963</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>5/7/1879</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>	9. AGE (last birthday) <u>84</u>
11a. FATHER'S NAME <u>Thomas G. Mitchell</u>		11. BIRTHPLACE (City and state or country) <u>Mitchell, Missouri U.S.A.</u>	
12a. MOTHER'S MAIDEN NAME <u>Cora Sutton Mitchell</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		14. NAME OF HUSBAND OR WIFE <u>Jeff Turley</u>	
15. SOCIAL SECURITY NO. <u>[REDACTED]</u>		16. INFORMANT <u>Hallie Healvillin, 8948 Annetta Ave.</u>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Medullary Failure</u> DUE TO (b) <u>Congestive Heart Failure</u> DUE TO (c) <u>Arteriosclerotic Heart Disease</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour <u>9:30</u> a.m. Month <u>5</u> Day <u>27</u> Year <u>1963</u>	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>1/23/63</u>	
20f. CITY, TOWN, OR LOCATION <u>Bonne Terre</u>		COUNTY <u>Missouri</u> STATE <u>Missouri</u>	
21. I attended the deceased from <u>1/23/63</u> to <u>5/27/63</u> and last saw her alive on <u>5/27/63</u> Death occurred at <u>9:30</u> a.m. on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <u>Martin Clayton</u>	
22b. ADDRESS <u>8321 N. Broadway</u>		22c. DATE SIGNED <u>6/29/63</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		23b. DATE <u>5/30/63</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Bonne Terre Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Bonne Terre, Missouri</u>	
24. FUNERAL DIRECTOR <u>Dale Sparks</u>		25. DATE RECD. BY LOCAL REG. <u>5-31-63</u>	
26. REGISTRAR'S SIGNATURE <u>John M. Murphy</u>			

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JUN 12 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Ernest Sparks

Licensed Embalmer No. 4287

P. O. Address Bonne Terre

Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.